

2004-2005 HAZARDOUS WASTE TRANSPORTER PERMIT APPLICATION
READ THE ENTIRE APPLICATION CAREFULLY !!

January 30, 2004

Dear Hazardous Waste Transporter:

Enclosed is your application to apply for/renew a permit to transport **HAZARDOUS WASTE** through and within the state of Rhode Island for the permit period ending June 30, 2005. Please complete and return these forms to the above address. Do not submit the application and attachments in a binder. Allow three (3) to eight (8) weeks for processing. If there are deficiencies in the application, the Department will contact you via written correspondence. You will be contacted when the application is approved, and should contact this office if you do not hear from us by the end of the 8 weeks processing period. Renewal applications for the new fiscal year (July 1, 2004 to June 30, 2005) are due **April 30, 2004**.

We would like to call your attention to the following changes in our application procedures:

Applications and Fees to be sent of RIDEM/Office of Management Services

We have recently been informed that it is a violation of state procedures for the Office of Waste Management to receive any payments. We do not feel it is in the interest of any party to have the application and check sent to different locations. Therefore as of this time, all checks, along with the Hazardous Waste Transporter Application must be sent directly to the following address:

RIDEM/Office of Management Services
235 Promenade Street
Providence, RI 02908

This procedure also includes any and all requests for add-on vehicles throughout the year. Therefore, a vehicle checklist form and accompanying check must go directly to the Office of Management Services weather via mail or via overnight couriers. The Department's procedures prohibit the Office of Waste Management from issuing permits until the checks have been first processed by the Office of Management Services.

If you wish to have the permits returned by overnight courier, you must provide an airbill with the application filled out and payable by the recipient with your account number.

All applications and correspondences should be addressed to Janice Angell at the above address. If you have any questions please feel free to contact Jan Angell at (401) 222-2797 (ext. 7517) or by e-mail at jangell@dem.state.ri.us.

Sincerely,

Mark M. Dennen, Senior Environmental Scientist
Office of Waste Management

THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:

- 1) **Application Fee:** An application fee of one hundred dollars (\$100) must be submitted to the Office of Management Services, accompanied by the enclosed remittal form. The address for the Office of Management Services is located on the remittal form. The check must be made payable to the General Treasurer, State of Rhode Island. This application fee will be credited to one single unit listed on the application. An additional one hundred dollars (\$100) per single unit will be required for each additional unit. All fees must be accompanied by the remittal form and paid **before** a sticker is issued.
- 2) **Certificate of Liability Insurance:** An original (not photocopy) certificate of liability insurance issued in the name of the Office of Waste Management, Department of Environmental Management in the amount of at least one million dollars (\$1,000,000) which shall include a hazardous material rider (Form MCS-90).
- 3) **Contingency Plan:** The company must submit for review and approval, a description of the procedures to be employed by the transporter, pursuant to Rule 6.08 of the Regulations, in response to spills or other emergency situations that could arise during transporting operations. Specific reference must be made to:
 - Type and location of emergency equipment on vehicles.
 - The driver's emergency response instructions including:
 - Instructions to notify the RIDEM at (401)222-2797 (daytime) or (401)222-3070 OR 1-800-498-1336 (24 hour).
 - The name and phone # of an emergency spill clean-up company.
 - Procedures for spill containment.
- 4) **Certificates of Driver Training:** A description of personnel training equivalent to that required by RIGL 23-19.1-34. A certificate of training must be submitted, including drivers name and license number, stating that the driver has successfully completed the above mentioned training on an annual basis
- 5) **Business Disclosure:** Application must contain either a Business Concern Disclosure Statement or Business Concern Disclosure Statement Change Certification.
- 6) **Criminal Background Check:** A Criminal Background check for each key employee who has a beneficial interest in the Business. (This does not include employees solely engaged in the physical handling of the material.).

INSPECTIONS

The Department requires Company Certified inspections. Each company is required to list designated company inspectors who will perform individual unit inspections and attest to the accuracy of each inspection. The Department will continue to perform random, unannounced inspections of vehicles, and expects that strict compliance with the requirements will be maintained at all times. Units found to be deficient upon inspection are subject to administrative penalties.

All vehicles must be in compliance when the application is submitted, and must be maintained throughout the permit period. This includes the U.S. D.O.T. requirements for cargo tanker annual inspections as specified in 49 CFR 180.352 and the annual safety inspection as specified in the Motor Carrier Safety Regulations, Part 393. Vehicles must have the proper markings and stickers to verify these requirements.

APPLICATION/INSPECTION FEES

A fee of \$100.00 (made payable to the General Treasurer State of Rhode Island) must be submitted to the Office of Management Services, per the attached remittal form, at the time the application is submitted. This will be credited to the cost of one single unit. You must also submit \$100 for each additional unit to be permitted. No stickers will be issued until payment is received.

Upon approval of a company's application, stickers will be issued for the specific units for which a checklist and a \$100 per unit fee have been submitted. **(Note: the cost to have one tractor inspected is \$100 and the cost of one trailer inspected is \$100).** These stickers are NOT TRANSFERRABLE and are to be placed on the driver's side of the permitted unit [stickers on tractors should be placed on the driver's door, stickers on trailers should be placed on the front (driver's side) of the unit. Note that both the tractor and trailer must maintain current stickers.]

In order to accommodate infrequent transporters of hazardous waste, the Department has amended its fee structure to allow for the issuance of a temporary (30) day permit. The fee for this permit is \$25/vehicle unit.

All additional unit fees and checklist must be accompanied by the Check Remittal Form included and submitted to the Office of Management Services.

CONTINGENCY PLANS

An approved contingency plan must be on each vehicle at all times. D.O.T. Hazardous Materials handbooks are not acceptable as the only emergency procedures on the vehicle. See item 14 of the permit application for requirements.

TEMPORARY STORAGE/TRANSFER ACTIVITIES

All temporary storage and/or transfer activities of hazardous waste conducted by the transporter within the state of Rhode Island requires a Letter of Authorization by the Department (Please refer to item #10 of the permit application). The maximum period of temporary storage allowed in this state is 72 hours. Anyone requesting a Letter of Authorization for an existing or new activity must do so in writing, under separate cover, and submit it with the application. Letters of Authorization are issued on a yearly basis and expire on 30 June. Operation of a temporary storage and/or transfer station without a current Letter of Authorization is a violation, and administrative and/or criminal actions may be taken.

BUSINESS CONCERN DISCLOSURE STATEMENT

In accordance with Rhode Island General Law 23-19.1-18.3, a Business Concern Disclosure Statement must be completed and returned with the initial application. For subsequent applications you may submit a Business Concern Disclosure Change Certification. Failure to submit this document will result in the delay of processing your application until the document is received.

EMERGENCY RESPONSE POLICY

Enclosed please find the Rhode Island Department of Environmental Management's policy statement regarding emergency response services. As part of your hazardous waste transporters permit you are required to acknowledge receipt of this policy statement. Please sign the form at the bottom and return the original copy to this office.

HAZARDOUS WASTE TRANSPORTER FEES AND REPORTS

As of January 1, 2003, the Department requires transporters to collect and submit monthly hazardous waste generation fees and reports for waste accepted for shipment from Rhode Island generators. These regulations are posted on the Department's web site at the address shown below:

<http://www.state.ri.us/dem/pubs/regs/REGS/WASTE/HWREGS02.PDF>

CRIMINAL BACKGROUND CHECK (BCI criminal record report)

In 1999, the below listed paragraph was added to Rhode Island General Law 23-19.1-10

... the applicant shall provide the director, as part of the standard permit application process, a notarized affidavit and BCI criminal record report from each and every state within which the applicant resides and/or conducts business. The notarized affidavits and BCI criminal records reports shall be provided for each and every person shown to have a beneficial interest in the business of the applicant or the permittee other than an equity interest or debt liability by the investigation thereof.

In compliance with this statute change, the Department must therefore require transporters seeking a permit to send in BCI criminal report(s) with their renewal or new applications. We are interpreting the statute to mean that the BCI criminal report(s) need to be submitted only for the state or province where the company/employee lives and/or is headquartered, and not every state where the company may transport.

Also the report is required for key employees involved with oversight of the hazardous waste transportation operation and persons with a beneficial interest in the business of the applicant. Persons solely involved with physically handling the waste are not defined as key employees.

The statute uses the term BCI Criminal Record Report this term is used by the Rhode Island Attorney General, other states and provinces may use other terms to characterize them. What is required is a report, from the local law enforcement agency, or local FBI where the key employees lives and works, attesting to the nature of his/her criminal record or the lack of it. During the last

cycle, we asked for this report on the letterhead of the law enforcement agency that provided it. However, we have since become aware that some agencies are unable or unwilling to provide this report on any letterhead. In consultation with our legal council, we have enclosed an Affidavit of Criminal Background Check. This document should be filled out and the background check must be attached to it. This eliminates the need for the background check to be on agency letterhead. If the person for whom the background check has been conducted has been convicted of any of the offenses described in the affidavit, an affidavit should be notarized and attached along with any explanation of the conditions of the offense.



**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WASTE MANAGEMENT
235 PROMENADE STREET
PROVIDENCE RHODE ISLAND 02908-5767
(401) 222-2797**

2004-2005 HAZARDOUS WASTE TRANSPORTER PERMIT RENEWAL APPLICATION

PERMIT # RI - _____ EPA ID # _____

1. COMPANY NAME: _____

MAILING ADDRESS : _____

CITY: _____ STATE: ____ ZIP: _____ - ____

Country (if not US): _____

PHONE: (_____) _____ - _____ Extension: _____

LOCATION

CITY : _____ STATE : ____ ZIP: _____

2. OWNER: _____

3. COMPANY EMERGENCY CONTACT : _____

PHONE: (_____) _____ - _____ Extension: _____

4. COMPANY REGULATORY CONTACT: _____

PHONE: (_____) _____ - _____ Extension: _____

5. INSURANCE COMPANY : _____

POLICY # _____ EXPIRATION DATE: _____

6. MAJOR WASTE TYPES HANDLED BY YOUR COMPANY:

Please check any additional waste now handled by your company:

- | | |
|--|--|
| <input type="checkbox"/> all hazardous waste (1) | <input type="checkbox"/> petroleum products with water (8) |
| <input type="checkbox"/> aqueous (2) | <input type="checkbox"/> precious metal solutions (9) |
| <input type="checkbox"/> corrosive (3) | <input type="checkbox"/> solvents (10) |
| <input type="checkbox"/> emergency response* (4) | <input type="checkbox"/> toxics (11) |
| <input type="checkbox"/> reactive (5) | <input type="checkbox"/> waste oil (12) |
| <input type="checkbox"/> flammable (6) | <input type="checkbox"/> contaminated soil (13) |
| <input type="checkbox"/> PCBs (7) | |

* NOTE: You must submit 40 Hour OSHA training certifications and response plans to be a listed Emergency Responder, per item 10 below.

7. IS THIS IS A RENEWAL APPLICATION? YES ____ NO ____

If yes, have you made changes to:

Designated Manifest Signer List?	Yes ____	No ____
Contingency Plan?	Yes ____	No ____
Training Plan?	Yes ____	No ____
Business Concern Disclosure Statement?	Yes ____	No ____

If yes to any above, you must submit the updated information with this application.

8. DO YOU CONDUCT COMMERCIAL SPILL CLEAN-UP? Yes ____ No ____

If yes, attach response plans and current personnel certifications to train personnel in emergency response and spill clean-up operations in accordance with 29 CFR 1910.120 (I).

9. LIST ALL TREATMENT STORAGE DISPOSAL FACILITIES (TSDFs) USED:

[You must list at least one (1) primary **and** one (1) back-up facility]

COMPANY	EPA ID #	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. LOCATION OF RI TRANSFER AND/OR TEMPORARY STORAGE FACILITY. Include a written request for a letter of authorization to operate.

ADDRESS _____

CITY: _____ STATE: _____ ZIP _____

PHONE () _____

11. DESIGNATED COMPANY INSPECTORS:

The following personnel are authorized by: _____,
(company name)

to perform vehicle inspections in accordance with the requirements of the Rhode Island Rules and Regulations for Hazardous Waste Management:

EMPLOYEE NAME (printed)	EMPLOYEE SIGNATURE*
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

12. DESIGNATED MANIFEST SIGNERS:

The following personnel are authorized by _____,
(company name)
to sign the hazardous waste manifest:

<u>EMPLOYEE NAME</u> (printed)	<u>DATE OF BIRTH</u>	<u>EMPLOYEE SIGNATURE</u> *
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Designated employees must sign this form to signify their acceptance of this responsibility.

13. BCI CHECK FOR KEY EMPLOYEES

Criminal background checks have been provided for the following employees:

EMPLOYEE NAME (printed)

Agency Performing Record Search

14. I _____, AM FAMILIAR WITH THE
HAZARDOUS WASTE

(print name)

TRANSPORTER PERMIT RULES AND REGULATIONS AND CERTIFY UNDER R.I.G.L.
23-19.1-18 (H) THAT ALL ENTRIES ON THIS APPLICATION ARE TRUE AND
CORRECT.

SIGNATURE

NAME (PRINTED)

DATE

TITLE

This form may be reproduced but each affidavit submitted to RIDEM must have the original signature and notary seal.

Affidavit of Criminal Background Check

I _____ do hereby make affidavit that the attached
(print name of applicant)

criminal background check was conducted on me by

_____ on
(name of Law enforcement Agency conducting check)

or about ____/____/20____.
(date of background check)

As certified in the attached background check, I have not been convicted of any of the following crimes under the Laws of Rhode Island as prescribed in 23-19.1-10d RIGL or the equivalent thereof under the laws of any other jurisdiction:

- | | |
|--------------------------------------|---------------------------------------|
| 1. Murder | 14. Unlawful manufacture, purchase |
| 2. Kidnapping | , use or transfer of firearms |
| 3. Gambling | 15. Unlawful possession or use of |
| 4. Robbery | destructive devices or explosives |
| 5. Bribery | 16. Racketeering |
| 6. Extortion | 17. Perjury or false swearing |
| 7. Criminal usury | 18. Any purposeful knowing, |
| 8. Arson | willful, or reckless violation of the |
| 9. Burglary | criminal provision of any federal, |
| 10. Theft and related crimes | state or provincial environmental |
| 11. Forgery and fraudulent practices | protection laws, rules, and |
| 12. Fraud in the offering, sale or | regulations. |
| purchase of securities | 19. Assault constituting a felony |
| 13. Alteration of motor vehicle | |
| identification numbers | |

(Signature of Applicant)

Signed and sworn to before me at _____ on the _____ day of
_____ A.D. 20____.

Notary Public

(Seal)



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WASTE MANAGEMENT

**BUSINESS CONCERN DISCLOSURE STATEMENT
CHANGE CERTIFICATION**

I, _____, hereby swear (or affirm) that I am the person
(print name)
who filled out the previously submitted Business Concern Disclosure Statement in the name
of _____ or directed that the information contained in the
(company)
answers there to be typed in, and that the foregoing statements made by me on behalf of
_____ are true to the best of my knowledge, or have
(company)
changed as stated below.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment under Rhode Island General Law 23-19.1-18 (H) by which a false statement, representation, or certification in this document is a FELONY.

Changes: Item Number

Change

_____	_____
_____	_____
_____	_____
_____	_____

Signature _____

(type or print name)

(title or position)

Sworn to and subscribed before me this

_____ day of _____, 20____.

(Seal or Authority of Notary)

Notary

(expiration)



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WASTE MANAGEMENT
235 PROMENADE STREET
PROVIDENCE RHODE ISLAND 02908-5767
(401)222-2797

POLICY STATEMENT

AUTHORIZATION TO CALL IN EMERGENCY RESPONDERS

The Department of Environmental Management requires that all hazardous waste generators, transporters, and TSDF's make arrangements with emergency response contractors to respond immediately in the event of an emergency (Rules 5.02, 6.03 and 9.08). The Department and its representatives have the authority to call in the state emergency response contractor if it is determined by DEM emergency response staff that the chosen emergency responder cannot respond to the scene within a reasonable amount of time (1 hour or less, depending on the circumstances), or the responder on scene is inadequate. In the event that the state emergency response contractor is called to the scene, all expenses incurred during that response will be billed to the responsible parties, and for payment of which shall be the sole responsibility of the responsible parties.

Company Name _____

Acknowledgement _____

Signature

(type or print name)

(title or position)

(Date)



14

Driver

Date

ATTACHMENT A

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT HAZARDOUS WASTE MATERIAL HAULER TRAINING REQUIREMENTS

In accordance with R.I.G.L. 23-19.1-34 only drivers possessing a valid driver's license of appropriate class, and a hazardous waste driver's certificate issued by the Department of Environmental Management shall operate a vehicle hauling hazardous waste through or within the state of Rhode Island. Certificates enclosed as part of this application and submitted to the Department by the permit holder shall be deemed Department approved provided the following information, at a minimum, is included in the driver training program:

1. Hazardous Waste Handling

The employer must instruct all drivers in the safe and proper handling of hazardous wastes to be transported. These instructions must include:

- a) Hazardous properties of materials being transported.
- b) Exposure routes and pathways to protect against.
- c) Placarding requirements.
- d) Reportable Quantities requirements and regulations.
- e) DOT UN and NA codes.
- f) Labeling requirements.
- g) Compatibilities of hazardous waste materials.

2. Notification Procedures

The employer must instruct all drivers in the proper notification procedures to be taken in the event of a discharge of hazardous waste material. These instructions must include:

- a) State of Rhode Island emergency contact phone numbers.
- b) Company emergency contact to be notified.
- c) Phone number of an emergency response contractor in the local area of transportation activity.
- d) Phone number of the National Response Center.
- e) Instructions to make note of the exact time, location, type and amount of material released and a detailed description of all/any damage caused by the release.

3. Emergency Procedures

The employer must instruct all drivers in the proper emergency procedures to be followed in the case of an accident or release of a hazardous waste material. These instructions must include:

- a) Location and use of all emergency equipment carried with the vehicle.
- b) Proper response to minimize the release of a hazardous waste material.
- c) Containerization of all spill debris.
- d) Notification requirements in accordance with section II above.
- e) Procedures to be taken to ensure human health and safety in the vicinity of the release.
- f) Procedures to be followed in inspecting all emergency equipment to ensure proper working order and effectiveness in dealing with the types of waste materials being transported.

4. Vehicle Operation

The employer must instruct all drivers in the proper and safe operating requirements to be followed while transporting hazardous waste materials. These instructions must include:

- a) Procedures to be followed in accordance **with 49 CFR 396** in conducting pre-trip vehicle inspections.
- b) Procedures to be followed in determining that the vehicle is in full compliance and permitted in accordance with Rhode Island rules and regulations prior to transporting waste through or with the state of Rhode Island.

- c) Procedures to be followed in locating, distributing and securing cargo before transport.

5. Use of the Hazardous Waste Manifest

The employer must instruct all drivers of hazardous waste materials in the proper use of the Hazardous Waste Manifest. These instructions must include:

- a) Inspection of the manifest for completeness and proper signatures from the generator.
- b) Inspection of the manifest and cargo to ensure no discrepancy exists.
- c) Inspection of the manifest to ensure that the appropriate waste codes, shipping names and DOT code have been used.
- d) Procedures to be followed in the case of rejected loads.
- e) Procedures to be followed when manifest information does not match the cargo being offered for transport.
- f) Proper distribution of the manifest copies.

ATTACHMENT A (continued)

In accordance with R.I.G.L. 23-19.1-35:

- a) The Department of Environmental Management shall deny any application for the issuance of a hazardous waste material driver's certificate made by an applicant who meets the following condition(s):
 - 1) The applicant has been convicted, within the last three (3) years preceding the applicant's application for the certificate, of any violation involving, driving while under the influence of intoxicating liquor or drugs, or both, or reckless driving, or the applicant's driving privilege is, or has been, under suspension, revocation, or probation by the Division of Motor Vehicles for a cause involving unsafe operation of a motor vehicle.
- b) The Department of Environmental Management shall revoke the hazardous waste materials driver's certificate of any holder, who, after issuance of the certificate, is convicted of any violation of driving under the influence of intoxicating liquor, or drugs, or both, or reckless driving, or who has had the driving privilege suspended or revoked by the Division of Motor Vehicles for a cause involving the unsafe operation of a motor vehicle, or is found by the Division to be a negligent operator.
- c) The Department of Environmental Management may revoke the hazardous waste materials driver's certificate of any holder for any cause, whether existing before or after issuance of the certificate, which would either authorize or require the Department of Environmental Management to refuse to issue a certificate.
- d) The Division of Motor Vehicles shall provide records to the Department of Environmental Management to the requirements of this chapter.

Prohibited Travel Roads (for extremely hazardous waste)

TOWN	ROAD	FROM	TO
Scituate, Johnston & Foster	Route 6	Route 94 - Foster	Hopkins Avenue - Johnston
Scituate & Smithfield	Route 116	Scituate Avenue - Scituate	Snake Hill Road - Smithfield
Scituate and Cranston	Route 12	Route 14 - Scituate	Route 116 - Scituate
Scituate	Route 14	Route 102	Route 116
Scituate & Foster	Route 102	Route 94 - Foster	Snake Hill Road - Gloucester
Scituate & Foster	Central Pike	Route 94 - Foster	Route 102 - Scituate
Scituate	Danielson Pike	Route 6	Route 6
Foster	Route 94	Route 101	Route 102 - Scituate
Foster & Scituate	Old Plainfield Pike	Route 102	Route 12 - Scituate
Scituate	Rocky Hill Road & Peepoad Road	Route 101	Route 116, or Sawmill Road
Foster, Gloucester, & Scituate	Route 101	Route 94 - Foster	Route 6 - Scituate
Smithfield & North Smithfield	Reservoir Road	In its entirety	-
Smithfield & Lincoln	Route 295	Douglas Pike (Exit 8) - Smithfield	Route 146 (Exit 9) - Lincoln
Warren	School House Road	Birch Swamp Road	Long Lane
Warren	Serpentine Road	In its entirety	-
Jamestown	North Main Road	Route 138	East Shore Road
Newport & Middletown	Bliss Mine Road	In its entirety	-
Middletown	Miantonami Avenue	Bliss Mine Road	Valley Road
Middletown	Valley Road	Miantonami Avenue	Route 138
Middletown	Aquidneck Avenue	Wave Avenue	Valley Road
Middletown	Wave Avenue	In its entirety	-
Little Compton & Tiverton	Route 77	Peckham Road - Little Compton	Route 179 - Tiverton
Tiverton	Neck Road	In its entirety	-
Little Compton	Peckham Road	Route 77	Burchard Road
Little Compton	Burchard Road	In its entirety	-
Cumberland	Reservoir Road	Route 114	Massachusetts Line
Cumberland	Route 120	Mendon Road	Massachusetts Line



INSPECTION INSTRUCTIONS

ATTENTION ALL HAZARDOUS WASTE TRANSPORTERS!!

The following instructions are to be used with the vehicle checklist. All information/equipment is required to be on each vehicle at all times. Failure to meet these requirements at the time of the inspection will result in non-issuance of a permit sticker for that vehicle. If at any time a permitted vehicle is inspected and does not meet these requirements, the permit sticker and permit for that vehicle may be revoked and administrative penalties may be issued.

- * List of prohibited travel roads in each vehicle¹ (see attached)
- * Company Contingency Plan with emergency procedures and emergency phone numbers, as submitted with application
- * Markings on vehicle (company name and permit number on both sides and back of vehicle - approximate size should be three inches)
- * Current, legible, valid registration for each unit (tractor and trailer), note expiration date
- * Communication device (mobile phone, CB radio)
- * Protective clothing (chemical resistant gloves, boots & suit, respirator, eye protection, hardhat, etc.)
- * 16 oz. eyewash
- * First aid kit (complete)
- * Adequate absorbent materials
- * Shovel
- * Fire Extinguisher
- Current safety inspection sticker as required by Motor Carrier Safety Regulations, 49 CFR 396.17 Appendix G.
- For Tankers, current inspection meeting requirements of 49 CFR 180.352
- * Up-to-date payment for inspections (\$100 fee per unit inspection on account, or check for \$100 fee per unit inspection made out to "General Treasurer - State of Rhode Island")

NOTE: If spill control/emergency equipment is in a sealed spill kit, a list of materials in the spill kit must be supplied.



Rhode Island Department of Environmental Management

Office of Waste Management

REMITTAL FORM 2004-2005

****** ALL APPLICANTS PLEASE NOTE PROCEDURE ******

All documents and check should be sent to the address listed below: The check must be made payable to the Rhode Island General Treasurer.

RI Department of Environmental Management

Office of Management Services

235 Promenade Street

Providence, RI 02908

Please complete this page, attach it to the check or money order. This information must be provided to coordinate your fee with the application submitted.

Applicant's Name: _____

Address: _____

City, State, Zip: _____, _____, _____

Phone No.: (_____) _____ **Existing Permit Number: RI-**_____

Contact Person: _____

TYPE OF PERMIT APPLICATION (choose 1):

- ☐ Hazardous Waste Vehicle Permit (1 year) for fiscal year: 20____ :
_____ Vehicles @ \$100/ vehicle unit = \$_____.
- ☐ Hazardous Waste Temporary Vehicle Permit (30 day increments)
Beginning Date: ____ / ____ / 20____ Ending Date: ____ / ____ / 20____
- ☐ Medical Waste Vehicle Permit for fiscal year: 20____ .
- ☐ Septage Waste Vehicle Permit for fiscal year: 20____ .
- ☐ Other (please specify): _____

NUMBER OF DECALS REQUESTED:

_____ Standard Decals requested @ \$100 per unit = \$_____ (total amount submitted)

_____ Temporary Hazardous Waste Decals @ \$25 per unit = \$_____ (Total Amount Submitted)

FOR OFFICE USE ONLY:

Fee Amount Received: \$ _____

Date Received: _____

Check #: _____

Receipt Account: 17-18-211

Processed by OWM: ☐

Hazardous Waste Transporter Renewal Form
(To be filled out for renewal only on vehicles listed on the preceding page(s))



STATE OF RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WASTE MANAGEMENT

R OFFICE USE ONLY
File Name _____
Date Received: _____

Applicant: _____ Date: _____

RI Permit Number: RI- _____

Fee Submitted: Y/N Amount: _____ Check No.: _____

Completion of this form certifies that all the vehicles for which renewal is requested have the required items on board.

Check to Verify Compliance

- _____ Prohibited Travel Roads Posted
- _____ Emergency Procedures in Vehicle
- _____ Markings (Name & Permit #) on Vehicle
- _____ Valid Registration(s), _____ Exp. Date : _____
- _____ Communication Device
- _____ Protective Clothing
- _____ Eyewash (16 oz.)
- _____ First Aid Kit
- _____ Absorbent Material
- _____ Shovel
- _____ Fire Extinguisher
- _____ Current DOT Safety Inspection (49 CFR 396.17)
- _____ Current DOT Tanker Inspection (49 CFR 180.352)

In Accordance with Rhode Island General Law §23-19.1 – 18(h):

I hereby certify that I am aware that any person who knowingly makes a false, statement, representation, or certification, in any application, record, report, plan, permit, or other document filed, maintained and used for the purposes of program compliance under this chapter shall be deemed guilty of a felony.

SIGNATURE OF DESIGNATED COMPANY INSPECTOR

NAME PRINTED

DATE



STATE OF RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WASTE MANAGEMENT
THIS FORM IS FOR NEW VEHICLES ONLY

FOR OFFICE USE ONLY
STICKER NO:
DATE ISSUED:

Hazardous Waste Transporter Inspection Form

ONE CHECKLIST MUST BE SUBMITTED FOR EACH UNIT (TRACTOR OR TRAILER)

Applicant: _____ Date: _____
RI Permit Number: _____
Fee Submitted: Y/N Amount: _____ Check No.: _____
Is this a **TRACTOR**: ____ or a **TRAILER**: ____ or **TANKER** ____ or **STRAIGHT TRUCK**: ____
Reg. No.: _____ Reg. State: _____
Year/Make: _____ V.I.N. No.: _____
(Last Five Digits)

The following items must be certified in order to obtain a sticker for each unit:

(See attached inspection instructions for specifics)

Check to Verify Compliance

_____ Prohibited Travel Roads Posted
_____ Emergency Procedures in Vehicle
_____ Markings (Name & Permit #) on Vehicle
_____ Valid Registration(s), _____ Exp. Date
_____ Communication Device
_____ Protective Clothing
_____ Eyewash (16 oz.)
_____ First Aid Kit
_____ Absorbent Material
_____ Shovel
_____ Fire Extinguisher

DOT Safety Inspection Date: _____ DOT Tanker Inspection Date: _____

In Accordance with Rhode Island General Law §23-19.1 - 18(h):

I hereby certify that I am aware that any person who knowingly makes a false, statement, representation, or certification, in any application, record, report, plan, permit, or other document filed, maintained and used for the purposes of program compliance under this chapter shall be deemed guilty of a felony.

SIGNATURE OF DESIGNATED COMPANY INSPECTOR

NAME (PRINTED)

DATE

--	--